



Queensbury PARKS & RECREATION

742 Bay Road, Queensbury NY 12804
(518) 761-8216 • recreation.queensbury.net

HEALTH INFORMATION & HOLD HARMLESS AGREEMENT

Should be completed and updated annually by anyone participating in the department's exercise programs (Stretch & Tone, Aquaerobics, etc.)

Name: _____ Date: _____

Age: _____ Gender: M F Home Phone: _____ Cell Phone: _____

What is the present state of your general health? Good Average Poor

Physician's Name: _____ Physician's Phone: _____

Person to contact in an emergency: _____ Phone: _____

Please list all medications that you presently take: _____

Are you now or have you been pregnant within the past three months? Yes No

Does your physician know that you are participating in an exercise program? Yes No

DO YOU NOW OR HAVE YOU HAD WITHIN THE PAST YEAR:

- | | | |
|---|------------------------------|-----------------------------|
| 1. History of heart problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. High blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Difficulty with physical exercise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. A chronic illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Advice from a physician not to exercise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Disorder that is aggravated by exercise? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Recent surgery (within past 3 months)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. History of lung problems? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. History or diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Smoking habit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. High blood cholesterol? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I have carefully reviewed the health information above and attest to its accuracy. I also understand that I may be asked by the instructor or the Parks & Recreation Department to provide a physician's note **before** participating!

The undersigned hereby agrees to indemnify, save harmless, and waives liability of the Town of Queensbury, the Town Board, and Parks & Recreation Department, employees and volunteers thereof, for any responsibility should an accident or injury occur to the undersigned participant as a result of participation in any program sponsored by the Queensbury Parks & Recreation Department or while using recreation program facilities.

Signature of Participant

Date